

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

REG. NO. **10/550133** FILING DATE **9/2/05**  
APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	1	↓	1	↓		↓	TOTAL NO.	↓		↓		↓	
TOTAL DEP.	6	←	5	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	7		6				TOTAL CLAIMS						